

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

## CERTIFICATE OF DEATH

Reg. Dist. No. 62

## 1. PLACE OF DEATH:

County.....Caroline  
 City or town.....Denton, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?.....3 years  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....Maryland County.....Caroline  
 City or town.....Denton  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

## 3. (b) Social Security Number

4. Sex.....F 5. Color or race.....Cal 6.(a) Single, married, widowed, or divorced.....widow  
 6.(b) Name of husband or wife.....Rev. Enoch Addison  
 7. Birth date of deceased (mo., day, yr.).....Oct 28 1886 6.(c) If alive, give age..... years  
 8. AGE: Years.....59 Months.....5 Days.....5 If less than one day..... hrs..... min.....

9. Birthplace.....near Denton, Caroline, Md.  
 (Town, county, and state)

10. Usual occupation.....at home

## 11. Industry or business

12. Name.....George H. Plummer  
 13. Birthplace.....Maryland

14. Maiden name.....Adeline Plummer  
 15. Birthplace.....Maryland

16. Informant.....Adeline Plummer (Mother)  
 Address.....Denton, Md.

17. Buried Date thereof.....11-5-45  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....Spring Grove Cemetery  
 Location.....Denton, Md.

18. Funeral director.....J. Eliezer Sasser & Son  
 Address.....Denton, Md.

19. 11-5-46 19. 46 Registrar  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....Nov 3 19.....45 at.....5:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....July 30 19.....1945 to.....Nov 2 19.....45  
 and that I last saw him/her.....Nov 2 19.....45

Immediate cause of death.....Carcinoma of left breast DURATION.....3 years?

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....H. H. Small, M.D. M. D. or other.....11-5-45  
 Address.....Denton, Md. Date signed.....

RECEIVED

NOV 12 1945

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1932

## CERTIFICATE OF DEATH

10902

Reg. Dist. No. 66

## 1. PLACE OF DEATH:

County.....*Caroline*  
 City or town.....*Ridgely Rural*  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?.....*25 years*  
 Hospital, institution, or street address where death occurred.....  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State.....*2nd* County.....*Caroline*  
 City or town.....*Ridgely Rural*  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

*Mary E. Boise*

## 3. (b) Social Security Number

4. Sex.....*F* 5. Color or race.....*C.* 6. (a) Single, married, widowed, or divorced.....*Widowed*  
 6. (b) Name of husband or wife.....*William J. Boise*  
 7. Birth date of deceased (mo., day, yr.).....*March 1, 1865* 8. (c) If alive, give age..... years  
 8. AGE: Years.....*90* Months.....*8* Days.....*16* If less than one day..... hrs. .... min.

9. Birthplace.....*Queen Anne Co. Md.*  
 (Town, county, and state)  
 10. Usual occupation.....*Housewife*  
 11. Industry or business.....  
 12. Name.....*George Handy*  
 13. Birthplace.....*Md.*  
 14. Maiden name.....*Elizabeth Teat*  
 15. Birthplace.....*Md.*

16. Informant.....*Louise Siebert*  
 Address.....*Woodlyn Pa.*  
 17. (Burial, cremation, or removal. Which?).....*Burial* Date thereof.....*Nov. 21, 1945*  
 (month) (day) (year)  
 Cemetery or crematory.....*Denton*  
 Location.....*Denton Md.*  
 18. Funeral director.....*Raymond B. Rawlings*  
 Address.....*Greenboro Md.*  
 19. *Nov 20* 19*45* Registrar.....*J. D. Davis*  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....*November 17* 19*45*, at.....*3 P.* M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
*April 1* 19*45*, to.....*Nov. 17* 19*45*  
 and that I last saw him/her alive on.....*Nov. 17* 19*45*

Immediate cause of death.....*Uremia*  
 Due to.....*Atherosclerosis*  
*Cardiovascular Disease*  
 Due to.....*Cerebral Hemorrhage*  
 Other conditions.....  
 (Include pregnancy within 3 months of death)

Major findings of operations.....  
 Date of op. ....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur?..... (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?).....  
 Means of injury..... Injured at work?  
 23. SIGNATURE.....*Chas. H. Thompson*  
 M.D. or other  
 Address.....*Greenboro Md.* Date signed.....*11-19-45*

RECEIVED

NOV 21 1945

BUREAU V. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

## CERTIFICATE OF DEATH

10903

★ Reg. Dist. No. 61

1. PLACE OF DEATH: *Caroline*  
 County.....  
 City or town..... *Greensboro Rural*  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... *Life*  
 Hospital, institution, or street address where death occurred:  
 .....  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State..... *md* ..... County..... *Caroline*  
 City or town..... *Greensboro Rural*  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

3. (a) FULL NAME *Charlie Boyd*

3. (b) Social Security Number

4. Sex *m* 5. Color or race *White* 6. (a) Single, married, widowed, or divorced *widowed*

6. (b) Name of husband or wife..... *Amanda*

7. Birth date of deceased (mo., day, yr.) *Jan 5, 1860* 6. (c) If alive, give age..... years

8. AGE: Years *85* Months Days If less than one day  
 ..... hrs. .... min.

9. Birthplace..... *Caroline Co md.*  
 (Town, county, and state)

10. Usual occupation..... *Farmer*

11. Industry or business

12. Name..... *Joshua Boyd*

13. Birthplace..... *md*

14. Maiden name..... *Vicki*

15. Birthplace..... *md*

16. Informant..... *Lewis Boyd*

Address..... *Greensboro md*

17. *Burial* Date thereof..... *Nov 14, 45*  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... *Greensboro*

Location..... *Greensboro md.*

18. Funeral director..... *Raymond B. Rowland*

Address..... *Greensboro md.*

19. *Nov 13* 19*45* *L. McPye*  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... *Nov 11* 19*45* at *7:45 AM*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
*Nov 5* 19*45* to *Nov 11* 19*45*  
 and that I last saw him alive on *Nov 10* 19*45*

Immediate cause of death..... *Uremia*

Due to..... *Arteriosclerosis*

Due to..... *Endocarditis*

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

WILLIAM HENRY JACOBSON

WILLIAM HENRY JACOBSON

RECEIVED  
NOV 15 1945  
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

★ Reg. Dist. No. 63

## 1. PLACE OF DEATH:

County CarolineCity or town Preston - Rural  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 36 years

Hospital, institution, or street address where death occurred:

Mt. Pleasant Road

How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Preston - Rural  
(If outside city or town limits, write RURAL and give nearest town)Street No. Mt. Pleasant Road  
(If rural, give LOCATION)

2.(a) If veteran, name war .....

## 3. (a) FULL NAME

Annie R. Jones

## 3. (b) Social Security Number

219-07-5081

## 4. Sex

Female

## 5. Color or race

Colored

## 6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife Samuel E. Jones7. Birth date of deceased (mo., day, yr.) July 7, 18916.(c) If alive, give age 57 years8. AGE: Years 54 Months 3 Days 24 If less than one day  
.....hrs. ....min.9. Birthplace Talbot County, Maryland  
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Home12. Name Alfred Green13. Birthplace Talbot County, Maryland14. Maiden name Alice Cuff15. Birthplace Talbot County, Maryland16. Informant Samuel E. JonesAddress Preston, Maryland, R.F.D.17. Burial Date thereof November 6, 1945  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Forestview CemeteryLocation Near Preston, Maryland19. Funeral director G.F. Frantz and SonAddress Federalburg, Maryland19. Nov 4 1945 C.W. Plummer  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 1 1945 at 4:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
October 19 1945, to Nov 1 1945and that I last saw him alive on October 27 1945Immediate cause of death Coronary DilatationHeartDue to Chronic Myocarditis

Due to .....

Other conditions .....

.....

.....

.....

(Include pregnancy within 8 months of death)

Major findings of operations .....

..... Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide .....

Where did injury occur? .....

Injured at home, farm, industry, public place (where?) .....

Means of injury .....

Injured at work? .....

23. SIGNATURE [Signature] M. D. or otherAddress [Signature] Date signed 11/3/45

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED  
NOV 6 1945  
BUREAU V.M.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-2

## CERTIFICATE OF DEATH

10905 60

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County Caroline  
 City or town Marydell (Rural)  
 (if outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 3 yrs.  
 Hospital, institution, or street address where death occurred:  
 .....  
 How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Caroline  
 City or town Marydell Rural  
 (if outside city or town limits, write RURAL and give nearest town)  
 Street No. ....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war .....

## 3. (a) FULL NAME

Emma Jones

## 3. (b) Social Security Number

.....

4. Sex F. 5. Color or race Black 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Joseph H. Green

7. Birth date of deceased (mo., day, yr.) June 1, 1885 6. (c) If alive, at age about 60 years

8. AGE: Years 60 Months 5 Days 25 If less than one day  
 ..... hrs. .... min.

9. Birthplace Baltimore Md.  
 (Town, county, and state)

10. Usual occupation House wife

11. Industry or business .....

FATHER 12. Name Unknown

13. Birthplace Unknown

MOTHER 14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Clarence Burris

Address Marydell Md.

17. Burial Date thereof 11/29/45  
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or place Prices

Location Marydell Rural

18. Funeral director R.B. Rawlings

Address Greensboro, Md.

19. Nov. 27 45 A.C. Smith  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 25 19 45 at 10:20 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 5 19 45 to Nov. 25 19 45

and that I last saw him alive on Nov. 25 19 45

Immediate cause of death Uremia

Due to Chronic Nephritis

Due to Chronic Nephritis

Other condition Chronic Nephritis

(Include pregnancy within 8 months of death)

Major findings of operations .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles H. Howard M. D. of Nov

Address Prices on Red Date signed 1945

NEW YORK STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED  
DEC 1 1945  
SUNSET V E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

★ Reg. Dist. No. 61

<p><b>1. PLACE OF DEATH:</b></p> <p>County.....<u>Caroline</u></p> <p>City or town.....<u>Greensboro</u>  <small>(If outside city or town limits, write RURAL and give nearest town)</small></p> <p>How long in above place of death?.....<u>15 months</u></p> <p>Hospital, institution, or street address where death occurred:          _____</p> <p>Now long in hospital or institution?          _____</p> <p><b>3. (a) FULL NAME</b> <u>Mary Mc Knett</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">4. Sex <u>Female</u></td> <td style="width: 33%;">5. Color or race <u>white</u></td> <td style="width: 33%;">6. (a) Single, married, widowed, or divorced <u>widow</u></td> </tr> </table> <p>6. (b) Name of husband or wife          _____</p> <p>7. Birth date of deceased (mo., day, yr.) <u>Sept 14, 1869</u></p> <p>8. AGE:      Years      Months      Days      If less than one day  <u>76</u>      <u>2</u>      <u>7</u>      _____ hrs. _____ min.</p> <p>9. Birthplace <u>Talbot Co. Md.</u>  <small>(Town, county, and state)</small></p> <p>10. Usual occupation <u>Retired</u></p> <p>11. Industry or business <u>Truant officer</u></p> <p><b>MOTHER FATHER</b></p> <p>12. Name <u>Joseph M. McKnett</u></p> <p>13. Birthplace <u>Talbot Co. Md.</u></p> <p>14. Maiden name <u>Laral Ann Berridge</u></p> <p>15. Birthplace <u>Talbot Co. Md.</u></p> <p>16. Informant <u>Mrs. Laddie Cryer</u>          Address <u>Trappe, Md.</u></p> <p>17. Burial Date thereof <u>Nov. 24, 1945</u>  <small>(Burial, cremation, or removal. Which?) (month) (day) (year)</small></p> <p>Cemetery or crematory <u>Spring Hill</u></p> <p>Location <u>Roxton, Md.</u></p> <p>18. Funeral director <u>Maurice E. Newman &amp; Son</u>          Address <u>Roxton, Md.</u></p> <p>19. <u>Nov 24</u> 19<u>45</u> <u>S. M. Pippin</u>  <small>(Date rec'd by registrar) Registrar</small></p>	4. Sex <u>Female</u>	5. Color or race <u>white</u>	6. (a) Single, married, widowed, or divorced <u>widow</u>	<p><b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b>  <small>(For newborn infants give residence of mother)</small></p> <p>State.....<u>Md.</u> County.....<u>Talbot</u></p> <p>City or town.....<u>Roxton</u>  <small>(If outside city or town limits, write RURAL and give nearest town)</small></p> <p>Street No.....  <small>(If rural, give LOCATION)</small></p> <p>2. (a) If veteran, name war          _____</p> <p align="center"><b>MEDICAL CERTIFICATION</b></p> <p>20. DATE OF DEATH.....<u>November 21</u> 19<u>45</u>, at <u>7:30 P.M.</u></p> <p>21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>Sept. 5</u> 19<u>44</u> to <u>Nov. 21</u> 19<u>45</u> and that I last saw h. e. v. alive on <u>November 20</u> 19<u>45</u></p> <p>Immediate cause of death.....<u>Cerebral Hemorrhage</u></p> <p>Due to.....<u>Arterio Sclerotic Disease with hypertension</u></p> <p>Other conditions.....</p> <p align="center"><small>(Include pregnancy within 8 months of death)</small></p> <p>Major findings of operations.....</p> <p>Date of op. ....</p> <p>Autopsy results.....</p> <p>PHYSICIAN: Please underline the cause to which death should be charged statistically.</p> <p>22. VIOLENCE: If death was due to external causes, fill in the following:</p> <p>Accident, suicide, or homicide..... Date of .....</p> <p>Where did injury occur? .....  <small>(City or town) (County) (State)</small></p> <p>Injured at home, farm, industry, public place (where?) .....</p> <p>Means of injury..... Injured at work?</p> <p>23. SIGNATURE.....<u>Geach W. Vines</u>  <small>M. D. or other</small></p> <p>Address.....<u>Dumfries, Md.</u> Date signed.....<u>23</u></p>
4. Sex <u>Female</u>	5. Color or race <u>white</u>	6. (a) Single, married, widowed, or divorced <u>widow</u>		

CERTIFICATE OF DEATH

RECEIVED

NOV 30 1945

BUREAU

Evidence for the change of  
age is shown on  
G 99 12-13-45

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

10907

## CERTIFICATE OF DEATH

Reg. Dist. No. 64

### 1. PLACE OF DEATH:

County Caroline  
City or town Federalburg, Maryland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 20 yrs.  
Hospital, institution, or street address where death occurred:  
Berna Vista Avenue  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline  
City or town Federalburg  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Berna Vista Avenue  
(If rural, give LOCATION)  
2.(a) if veteran, name war no

### 3. (a) FULL NAME

Raymond W. Noble

### 3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced married  
6.(b) Name of husband or wife Ola Noble  
6.(c) If alive, give age 55 years  
7. Birth date of deceased (mo., day, yr.) July 25, 1887  
8. AGE: Years 58 Months 54 Days 4 If less than one day  
.....hrs. ....min.

9. Birthplace Dorchester County, Md.  
(Town, county, and state)  
10. Usual occupation Postmaster  
11. Industry or business U.S. Post Office  
FATHER 12. Name John Henry Noble  
13. Birthplace Dorchester County, Md.  
MOTHER 14. Maiden name Lavinia Conkran  
15. Birthplace Dorchester County, Md.

16. Informant Mrs. Ola Noble  
Address Federalburg, Md.  
17. Burial Date thereof December 1, 1945  
(Burial, cremation, or removal, Which?) (month) (day) (year)  
Cemetery or crematory Hill Crest Cemetery  
Location Federalburg, Md.  
18. Funeral director J. J. Frampton and Son  
Address Federalburg, Maryland  
19. December 1, 1945 J. J. Frampton  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH November 29, 1945 at 11:15 A.M.

21. I CERTIFY that death occurred on the 29th day of Nov 1945, to Nov 29 - 1945  
and that I last saw him alive on Nov 29th 1945

Immediate cause of death Cerebral hemorrhage DURATION 5 days

Due to Hypertension 10 yrs.

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank M. Anderson M.D.  
Federalburg, Md. M. D. or other  
Address Federalburg, Md. Date signed 11/30/45

RECEIVED  
DEC 10 1945  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (167)

## CERTIFICATE OF DEATH

Reg. Dist. No. 109082

## 1. PLACE OF DEATH:

County Caroline  
 City or town Denton Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 1/2 hours  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Pennsylvania County Chester  
 City or town Chester  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 833 S. Murray St  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Francis B. Potts

## 3. (b) Social Security Number

220-01-0353

4. Sex F 5. Color or race R. 6. (a) Single, married, widowed, or divorced Divorced  
 6. (b) Name of husband or wife  
 7. Birth date of deceased (mo., day, yr.) Sept 2, 1911 6. (c) If alive, give age \_\_\_\_\_ years  
 8. AGE: Years 34 Months 2 Days 24 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Greensboro Caroline Md.  
 (Town, county, and state)

10. Usual occupation Housewife

## 11. Industry or business

FATHER 12. Name Herbert Potts  
 13. Birthplace Md.

MOTHER 14. Maiden name Blauch Whiting  
 15. Birthplace Md.

16. Informant Rache Bee  
 Address Greensboro Md.

17. Burial (Burial, cremation, or removal Which?) Burial Date thereof Nov 29, 45  
 (month) (day) (year)  
 Cemetery or crematory Coxsack  
 Location Near Greensboro Md

18. Funeral director Raymond B. Rawlings  
 Address Greensboro Md

19. Nov 26 19 45 M. D. George  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 25 19 45 at 8:30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_  
 and that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_

Immediate cause of death \_\_\_\_\_ DURATION  
Internal Hemorrhage Sudden

Due to \_\_\_\_\_

Due to Stab wound of Chest

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;  
 Accident, suicide, or homicide Homicide Date of 11/25/45  
 Where did injury occur? Denton Carroll Md  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Street of Denton  
 Means of injury Stab wound Injured at work? no

23. SIGNATURE Hanson & George coroner M. D. or other  
 Address Denton Md Date signed 11/26/45

MASSACHUSETTS DEPARTMENT OF HEALTH

1913-1914

CERTIFICATE OF DEATH

RECEIVED

NOV 30 1945

BUREAU V E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

## CERTIFICATE OF DEATH

10909

Reg. Dist. No. 63

## 1. PLACE OF DEATH:

County Caroline  
 City or town Choptank  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 21 years  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline  
 City or town Choptank  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

William E. Stewart

## 3. (b) Social Security Number

218-14-2586

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>	
6. (b) Name of husband or wife <u>Grace P. Stewart</u>		6. (c) If alive, give age <u>63</u> years	
7. Birth date of deceased (mo., day, yr.) <u>July 12, 1884</u>			
8. AGE:	Years <u>61</u>	Months <u>3</u>	Days <u>24</u>
		It less than one day .....hrs. ....min.	

9. Birthplace Moore County, North Carolina  
 (Town, county, and state)

10. Usual occupation Mechanic

11. Industry or business Carpenter

12. Name Peter Stewart

13. Birthplace North Carolina

14. Maiden name Margaret Shields

15. Birthplace North Carolina

16. Informant Mrs. Grace P. Stewart

Address Choptank, Maryland

17. Burial Date thereof November 9, 1945

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Linchester Cemetery

Location Near Preston, Maryland

18. Funeral director J. J. Franpton and Son

Address Federalburg, Maryland

19. Nov 8 19 45 W. O. Plummer

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 6 19 45, at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 19 44, to November 6 19 45

and that I last saw him alive on November 6 19 45

Immediate cause of death Embolus

Due to Chronic Myocarditis

Due to Chronic Myocarditis

Other conditions Severe Hypochromic anemia

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE William C. Harrison MD

M. D. or other \_\_\_\_\_

Address Harlock Md. Date signed 11/7/45

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NOV 10 1945

BUREAU V.R.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 839

## CERTIFICATE OF DEATH

10910

Reg. Dist. No. 64

### 1. PLACE OF DEATH:

County Caroline  
City or town Preston R.F.D. Near Harmony  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Life  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Caroline  
City or town Preston Md. R.F.D. Near Harmony  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. (If rural, give LOCATION)  
2.(a) If veteran, name war no

### 3. (a) FULL NAME

Raymond D. Williamson

### 3. (b) Social Security Number

none

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced married  
6.(b) Name of husband or wife Mary E. Williamson  
7. Birth date of deceased (mo., day, yr.) October 8, 1895 6.(c) If alive, give age 48 years  
8. AGE: Years 50 Months 1 Days 21 If less than one day hrs. min.

9. Birthplace Caroline County, Maryland  
(Town, county, and state)

10. Usual occupation Farmer

### 11. Industry or business

FATHER 12. Name John W. Williamson  
13. Birthplace Caroline County, Md.  
MOTHER 14. Maiden name Laura F. Williams  
15. Birthplace Caroline County, Md.

16. Informant Mrs Mary E. Williamson  
Address Preston, Maryland R.F.D.

17. Burial Date thereof Dec 2 1945  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Hill Crest Cemetery  
Location Federalburg, Maryland

18. Funeral director J.F. Frampton and Son  
Address Federalburg, Maryland

19. December 1 1945 S.S. Frampton  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH November 29 1945 at 8:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 10 1919 to November 29 1945  
and that I last saw him alive on November 28 1945

Immediate cause of death Cerebral hemorrhage DURATION 5 days

Due to cerebral arterio sclerosis 2 yr

Due to

Other conditions general arterio sclerosis 4 yr

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Paul Twitts MD M. D. or other

Address Preston Md Date signed 11/30/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
DEC 10 1945  
BUREAU OF

10911

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 182

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH:

County Caroline  
City or town Ridgely  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 12 years  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Caroline  
City or town Ridgely  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
2.(a) If veteran, name war \_\_\_\_\_

3. (a) FULL NAME

Judith Ellen Staters

3. (b) Social Security Number

4. Sex W 5. Color or race W 6.(a) Single, married, widowed, or divorced S

6.(b) Name of husband or wife

6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Oct. 13<sup>th</sup> 1945

8. AGE: Years 1 Months 2 Days 2 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Ridgely, Maryland  
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name David J. Staters  
13. Birthplace Quincy, Cal.  
14. Maiden name Josephine White Staters  
15. Birthplace Quincy, Cal.

18. Informant Mrs. Josephine Staters (mother)  
Address Ridgely, Md.

17. Burial, cremation, or removal, which? Buried Date thereof 11-17-45  
(month) (day) (year)  
Cemetery or crematory Ridgely Cemetery  
Location Ridgely, Md.

18. Funeral director J. Victor Mason  
Address Ridgely, Md.

19. Nov 16 1945 Registrar J. H. Davis  
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 15 1945 at 6A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_, and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_  
Due to Fam. dead in bed, history of 7 yrs. Family Cerebral Sudden  
Due to in bed  
Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_  
Autopsy results \_\_\_\_\_  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Harvey O. George M. D. or other \_\_\_\_\_  
Address Denton Date signed 11/16/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 19 1945

BUREAU V.E.